

**NIDA HCU COLLABORATIVE SUBSTUDY  
PNEUMONIA EPISODE ABSTRACTION**

**FORM NI04  
VERSION 08/01/97**

HERS or WIHS ID NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">                         -       -             -                     </div>	HERS or WIHS VISIT #: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">   </div>	DATE OF ABSTRACTION <div style="text-align: center; margin-top: 10px;">                     ____ / ____ / ____                      M                  D                  Y                 </div>
DATE OF NIDA INTERVIEW: <div style="text-align: center; margin-top: 10px;">                     ____ / ____ / ____                      M                  D                  Y                 </div>	DATE 6 MONTHS PRIOR TO INTERVIEW: <div style="text-align: center; margin-top: 10px;">                     ____ / ____ / ____                      M                  D                  Y                 </div>	ABTRACTOR'S INITIALS: <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;">   </div>

**SECTION A**

A1. SEQUENCE: FORM # \_\_\_\_\_ OF \_\_\_\_\_ (total)

**PROMPT: Total # of episodes at A1 (above) must equal # given on Pneumonia Form (NIO3) at A2a.**

Note: This is an abstraction of the outpatient primary care site record. Do not abstract the hospital record.

**SECTION B**

B1. Where did this evaluation of pneumonia begin? Was it at: (Circle only one option)

- This primary care outpatient clinic/office ..... 1
- ER..... 2 **(END)**
- Hospital ..... 3 **(END)**
- Another outpatient facility..... 4 **(END)**
- Cannot determine but not in primary care setting ..... 5 **(END)**

B2. On what date did this pneumonia workup start?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M                  D                  Y

B3. Was admission to the hospital recommended to complete the evaluation or to treat the pneumonia?

- Yes..... 1
- No..... 2

B4. Was the patient admitted to the hospital at some time during the course of this pneumonia episode?

- Yes..... 1
- No..... 2 **(B8)**

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B5. Are the hospital admission and discharge dates documented in this outpatient chart? (NOTE: Circle YES if you know at least one; if neither admission nor discharge date is known, circle NO)

- Yes..... 1
- No..... 2 (c)

a. Date of Admission:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M            D            Y

b. Date of Discharge:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M            D            Y

c. Where was the patient discharged to? (Circle only one option)

- Home..... 1
- Hospice—in-patient ..... 2
- Hospice—out-patient ..... 3
- Nursing home..... 4
- Cannot determine ..... 5
- Other ..... 6

(SPECIFY)

B6. When was the next outpatient visit following discharge documented? (SPECIFY DATE)

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
          M            D            Y

B7. Is it documented that any scheduled visit(s) were missed between discharge and the date indicated at B6?

- Yes..... 1
- No..... 2

B8. During the time under review, what labs or procedures corresponding to this pneumonia episode were done or the order for them initiated in this outpatient setting? (Circle only one answer category for each subquestion)

	<u>YES</u> ( <u>DONE OR</u> <u>ORDERED</u> )	<u>NO</u> ( <u>NOT DONE OR</u> <u>ORDERED</u> )	<u>ORDERED BUT</u> <u>PATIENT</u> <u>REFUSED</u>
a. Arterial blood gas.....	1	2	3
b. Pulse oximetry.....	1	2	3
c. Diffusing capacity of carbon monoxide.....	1	2	3
d. Other pulmonary function test.....	1	2	3
e. Chest x-ray.....	1	2	3

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	<u>YES</u> <u>(DONE OR</u> <u>ORDERED)</u>	<u>NO</u> <u>(NOT DONE OR</u> <u>ORDERED)</u>	<u>ORDERED BUT</u> <u>PATIENT</u> <u>REFUSED</u>
f. CT or MRI.....	1	2	3
g. LDH .....	1	2	3
h. Induced sputum for PCP .....	1	2	3
i. Induced sputum for AFB.....	1	2	3
j. Induced sputum for C&S .....	1	2	3
k. Induced sputum for fungal pathogen.....	1	2	3
l. Expecterated sputum for PCP .....	1	2	3
m. Expecterated sputum for AFB .....	1	2	3
n. Expecterated sputum for C&S .....	1	2	3
o. Expecterated sputum for fungal pathogen .....	1	2	3
p. Bronchioalveolar lavage (BAL) .....	1	2	3
q. Transbronchial biopsy.....	1	2	3
r. Lung biopsy.....	1	2	3
s. Blood culture: C&S.....	1	2	3
t. Blood culture: AFB.....	1	2	3
u. Blood culture: Viral .....	1	2	3
v. Blood culture: Fungal.....	1	2	3

B9. Were pathogens identified in this primary clinic's outpatient record?

YES ..... 1  
NO ..... 2 (B11)

- a. Where were the pathogens originally identified? (Circle only one option)
- Through a work-up done at this outpatient clinic ..... 1  
In the hospital with results documented in this outpatient record..... 2  
Cannot determine where pathogens were originally identified..... 3

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B10. On the following chart, list the pathogens identified by the lab (use codes listed), specimen source codes, date specimen obtained and date on which **culture results** are documented either on a lab report or in progress notes. If dates at c and d are not available, code <-1>. If no lab culture results are available, document the source of the pathogen information in margin (e.g., “*progress note*”).

	a. PATHOGEN CODE	b. SPECIMEN SOURCE CODE	c. DATE SPECIMEN OBTAINED	d. DATE REPORTED
i.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y
ii.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y
iii.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y
iv.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y
v.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y
vi.	____ ____	____ ____	____/____/____ M D Y	____/____/____ M D Y

**PATHOGEN CODES:**

- 01 PCP
- 02 MTB
- 03 MAC
- 04 CMV
- 05 HSV
- 06 Cryptococcus
- 07 Histoplasmosis
- 08 Pneumococcus
- 09 Hemophilus influenza
- 10 Other (specify)\_\_\_\_\_

**SPECIMEN SOURCE CODES:**

- 01 Sputum induced
- 02 Sputum expectorated
- 03 Sputum no specified
- 04 BAL
- 05 Lung tissue
- 06 Blood
- 07 Other (specify)\_\_\_\_\_
- 08 Not Specified

B11. Was treatment initiated at this outpatient clinic?

- Yes..... 1
- No..... 2 **(B15)**

B12. When treatment was initiated, did the progress note include a plan for a follow-up appointment?

- Yes..... 1
- No..... 2 **(B14)**

a. Specify date of follow-up appointment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

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B13. Did the patient keep the scheduled follow-up appointment?

- Yes..... 1 (B16)  
 No..... 2 (B16)

B14. When was the next appointment kept with a medical provider? (SPECIFY DATE)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (B16)  
 M                  D                  Y

B15. Why was treatment not initiated at the outpatient clinic? (Circle only one option)

- Patient refused treatment..... 1 (B17)  
 Patient was lost before initiation of treatment..... 2 (B17)  
 No treatment was recommended..... 3 (B17)  
 Treatment initiated elsewhere ..... 4  
 Cannot determine ..... 5 (B17)

a. Was the treatment (for the identified pathogen) continued at this clinic when the patient came in for the visit noted at B6?

- YES ..... 1  
 NO ..... 2 (B17)

B16. On the following chart, list the type of treatment (using codes listed in NIO4 QxQ Attachment), date it began, and whether the treatment was completed.

	<b>a.</b> TREATMENT CODE	<b>b.</b> DATE STARTED	<b>c.</b> TREATMENT WAS: (CIRCLE ONLY ONE OF THE THREE OPTIONS)		
i.	____ If 99, SPECIFY _____	____ / ____ / ____ M          D          Y	1. Terminated on: ____ / ____ / ____ M          D          Y	2. On-going	3. Cannot determine
ii.	____ If 99, SPECIFY _____	____ / ____ / ____ M          D          Y	1. Terminated on: ____ / ____ / ____ M          D          Y	2. On-going	3. Cannot determine
iii.	____ If 99, SPECIFY _____	____ / ____ / ____ M          D          Y	1. Terminated on: ____ / ____ / ____ M          D          Y	2. On-going	3. Cannot determine
iv.	____ If 99, SPECIFY _____	____ / ____ / ____ M          D          Y	1. Terminated on: ____ / ____ / ____ M          D          Y	2. On-going	3. Cannot determine

TREATMENT CODE—See list in NIO4 QxQ Attachment

B17. Was patient prescribed PCP prophylaxis for the entire 2 months prior to this diagnosis of pneumonia?

- YES ..... 1  
 NO ..... 2  
 CANNOT DETERMINE ..... 3